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ABSTRACT

The Youth Crisis Network (YCN) is an alliance of human service agencies and school systems located in northwestern Connecticut that share a mutual concern about suicidal youth and other youth in crisis. The YCN provides system networking, coordination, collaboration, and advocacy aimed at developing quality services for youth at risk and youth in crisis. The Network was initially organized around an identified regional need for emergency psychiatric evaluation and treatment of suicidal adolescents. The YCN covers a varied geographical area and is comprised of an array of service providers, each with different target populations. The basic philosophy of the YCN is to promote maximum utilization of existing services for youth through networking. The individuals representing the YCN are primarily front line professionals. Though no one is a trained community organizer, it is apparent when tracing the development of the YCN that specific steps of community organization have been key to its success. The history of the Network is summarized and the organizational steps in the Network's evolution are outlined. Areas of focus are: (1) organization strategies to forge and maintain collaboration of community resources; (2) steps and problem solving involved in writing protocol for community-wide postvention response to completed suicides; (3) goals and accomplishments of the YCN; and (4) exploration of the potential impact of a regional network on suicide prevention. (LLL)

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A REGIONAL APPROACH TO YOUTH SUICIDE PREVENTION

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AMERICAN ASSOCIATION OF SUICIDOLOGY
24TH ANNUAL CONFERENCE

SUICIDE, COPING, AND THE CREATIVE PROCESS
POSTER PRESENTATION - APRIL 19, 1991
BOSTON, MASSACHUSETTS

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ABSTRACT

Several professionals from Northwest Connecticut organized a Youth Crisis Network following an observed increase in the number of adolescent suicide attempts and completed suicides. The network is a regional body of twenty (20) agencies and schools that identifies and responds to gaps in services for suicidal youths. This poster highlights the evolution and accomplishments of the Youth Crisis Network. Areas of focus are:

1) Organization Strategies to forge and maintain collaboration of community resources;

2) Steps and problem solving involved in writing protocol for community -wide postvention response to completed suicides;

3) Goals and accomplishments of the Youth Crisis Network of Northwest Connecticut including:
   a) organizing without direct funding from over-burdened communtiy resources,
   b) successful state funding advocacy for Emergency PsychiatricServices,
   c) collaboration on school protocol development and formalized linkage between school and community agencies, and
   d) implementation of a community response protocol following completed youth suicides and sudden deaths;

4) Exploration of the potential impact of a regional network on suicide prevention.

Visual displays, organizational charts, protocols, and step-by-step guidelines are offered.

A REGIONAL APPROACH TO YOUTH SUICIDE PREVENTION

POSTER SESSION SUMMARY FOR
THE AMERICAN ASSOCIATION OF SUICIDOLOGY
24TH ANNUAL CONFERENCE

"SUICIDE, COPING AND THE CREATIVE PROCESS"

The Youth Crisis Network is an alliance of human service agencies and school systems, located in northwestern Connecticut, who share a mutual concern about suicidal youth and other youth in crisis. The Youth Crisis Network provides system networking, coordination, collaboration, and advocacy aimed at developing quality services for youth at risk and youth in crisis. The Network was initially organized around an identified regional need for emergency psychiatric evaluation and treatment of suicidal adolescents. The poster presentation depicts the formation and evolution of the Network. This paper first summarizes the history of the Network and then briefly outlines the organizational steps in the Network's evolution.

In December of 1987, an increase in the number of suicidal youth and the resultant need for emergency psychiatric services was identified by members of a three person committee representing the region's largest city's mental health clinic, school system, and youth service bureau. In response to this increase, members sought to quickly expand the committee to include representatives from the region's other mental health clinics and youth service bureaus. Together, these agencies mobilized to solicit grant money from the State of Connecticut's Department of Children and Youth Services (DCYS) to fund an emergency psychiatric service. The committee named itself the Youth Crisis Network (YCN). The need for emergency psychiatric services was documented, community support was enlisted, and a proposal for two

outpatient emergency psychiatric service programs in each of the region's two child guidance clinics was developed and submitted to DCYS. The community networking aspect of this proposal proved to be a vital factor in securing the available funds.

Two emergency psychiatric service programs began operating in August of 1988. The YCN reconvened in December of 1988 and unanimously voted to continue to function as a regional network. A subcommittee drafted a mission statement, approved by the YCN general membership in March of 1989. The YCN has since continued its growth and expansion to include other area school systems and community agencies.

The YCN began, and continues to function, without funding or full-time staff. Its focus continues to be one of community collaboration, rather than the provision of direct services. Member school systems and agencies recognize the importance of the work of the Network and permit designated staff members to devote some of their work time to the operation of the YCN. In addition, members volunteer their own time to carry out the work of the Network. Co-chairs head the YCN, with one chair representing emergency psychiatric services, and the second chair representing the larger community representative. Minutes are taken at each meeting, with member agencies and schools voluntarily sharing the expense of typing and mailing. The entire membership initially met monthly for one hour during lunch. However, as the YCN membership expanded from five to twenty, the number of varied goals and directions multiplied, and the agenda of the monthly meetings became cumbersome. Consequently, subcommittees were formed to expedite the YCN's work. The current meeting structure involves bimonthly general membership meetings, with subcommittees convening in the interim. Subcommittees, which include Prevention, School Liaison, Community Response Protocol,

and Youth Advocacy, report to the general membership at the bimonthly meetings.

The YCN is unique in that it covers a varied geographical area and is comprised of an array of service providers, each with different target populations. The basic philosophy of the YCN is to promote maximum utilization of existing services for youth through networking. The individuals representing the YCN are primarily front line professionals. Though no one is a trained community organizer, it is apparent when tracing the development of the YCN that specific steps of community organization have been key to its success. A brief outline of the organization follows:

1). Development of a Mission Statement: Definite direction and purpose had to be communicated in a mission statement so that YCN member agencies could legitimatize their role and feel a strong sense of commitment to the purpose of the YCN.

2). Membership Recruitment: Introductory letters accompanied by the mission statement were sent to potential members. YCN Chairs made follow-up phone calls to schedule face to face meetings aimed at educating potential new members about how membership participation could benefit their agency and its clientele. Caution had to be taken to avoid depicting the YCN as only being focused on suicide, and thereby alienating potential new members who did not view youth suicide prevention as one of their primary missions. When approaching school systems, it was important to emphasize that the YCN could serve as a resource to the system, but was not attempting to impose its influence on the practices of the school system. 3). Selecting Chairpersons: Chairs who were highly visible in the community and who work frequently with youth in crisis were selected. Co-chairs were found to be

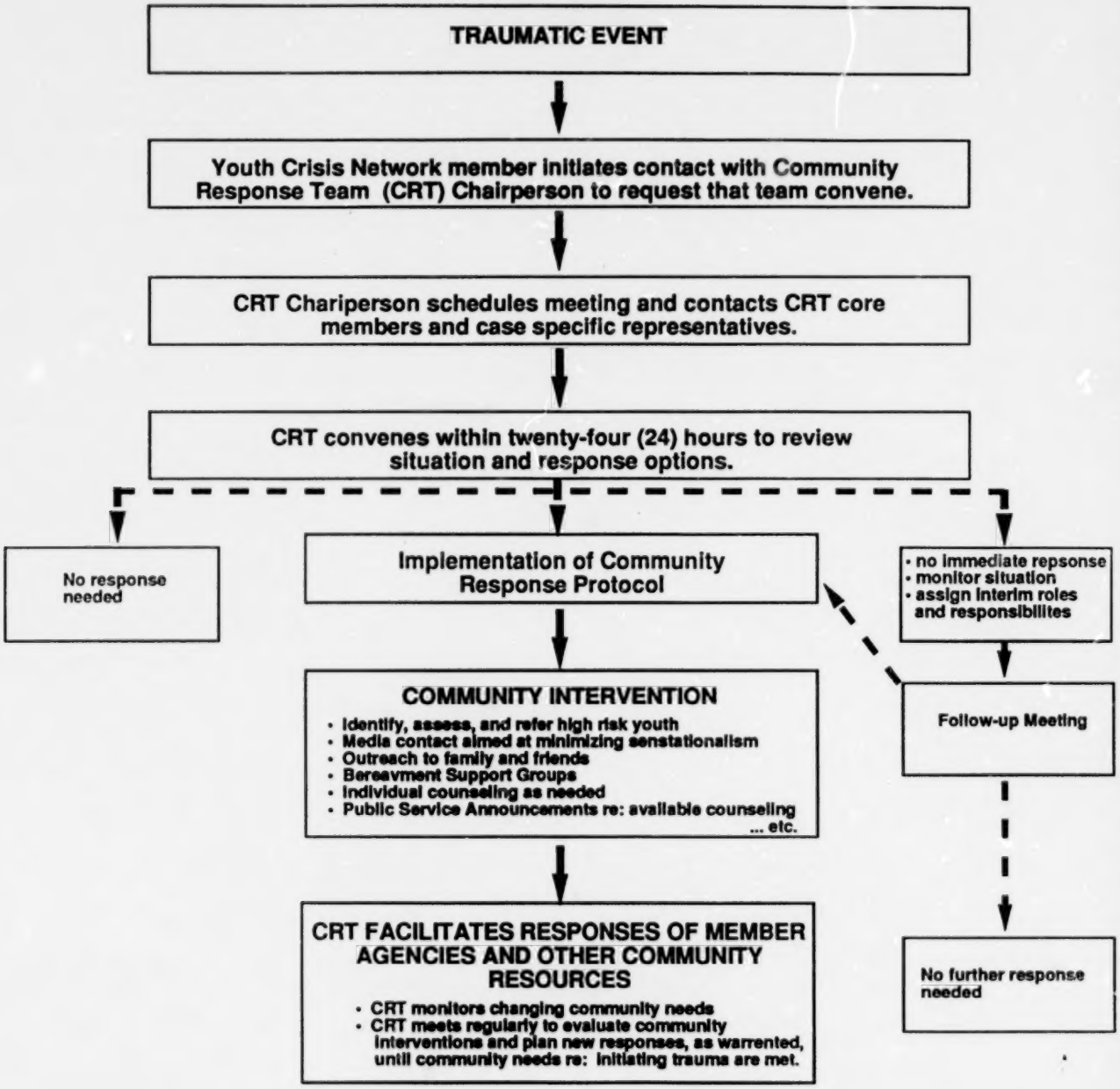
preferable due to the fact that the extra demands on one individual who also had a regular full-time job was too great.

4). Setting Priorities and Promoting Participation: Goals were selected based upon community need and availability of YCN members time.

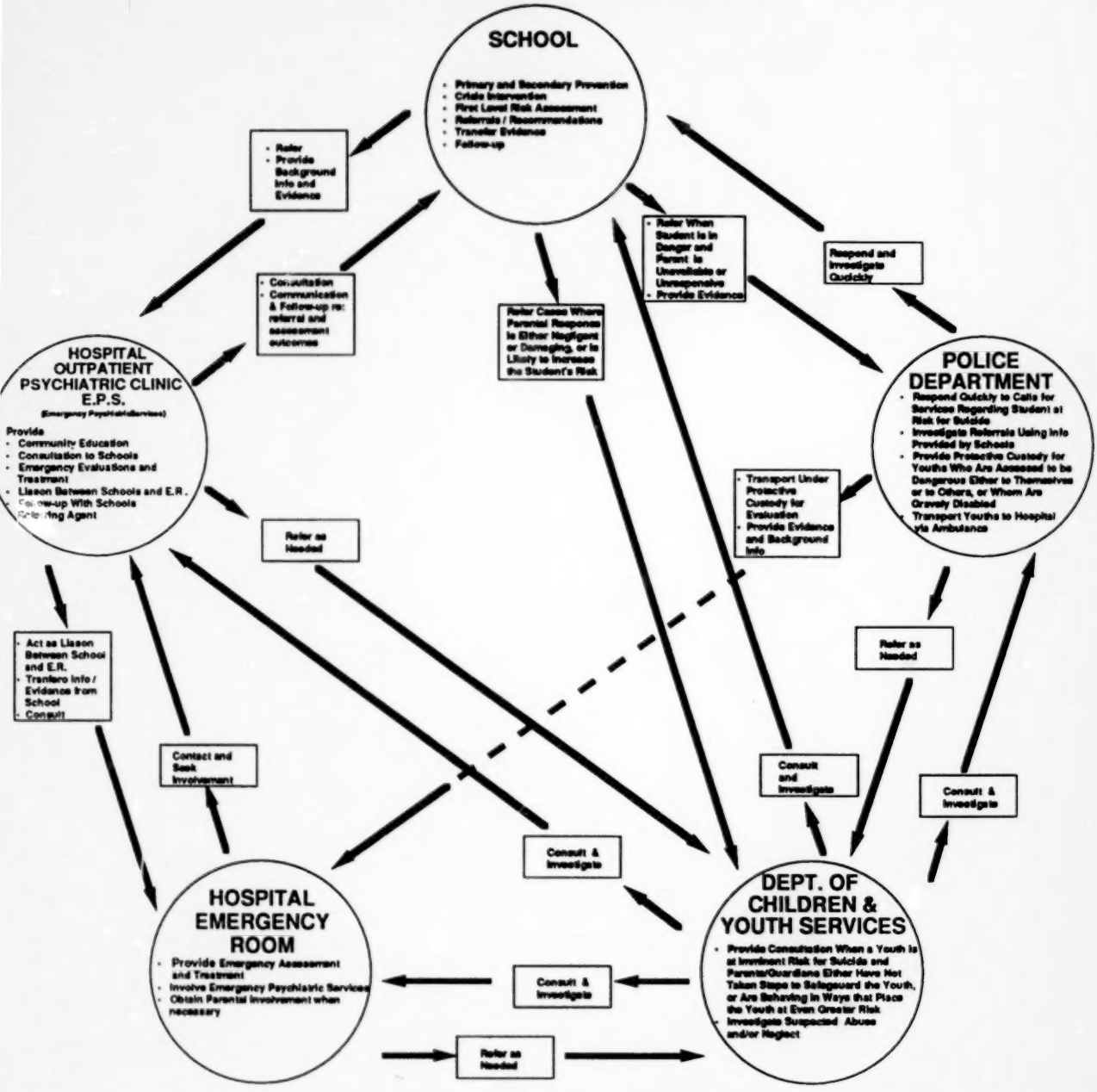
Objectives were developed to allow members to feel a sense of accomplishment. Members were gently encouraged to assume tasks, but were still welcomed if they could only commit to attendance at, and participation in general membership meetings.

The ability of the YCN to facilitate regional and community coordination is evidenced through its accomplishments: membership growth that regionalized the network, the development and implementation of a community response protocol , network-sponsored Youth Suicide Prevention Week activities, memorandums of agreement between YCN members who respond to youth at risk, and membership in the Connecticut Committee for Youth Suicide Prevention. The existence of the YCN set the stage for these accomplishments, and continues to serve as a natural forum for collaboration regarding the prevention and treatment of the many types of youth crises that can precipitate suicide attempts. In just a few years, the YCN has become established and recognized by the mental health community. It has become invaluable both in helping to strengthen and unify the community in the face of large scale problems, and in decreasing the isolation of professionals involved with youth in crisis. The benefits to both youth and to the professionals involved have been readily apparent.

COMMUNITY RESPONSE PLAN


TRAUMATIC EVENT
Youth Crisis Network member initiates contact with Community Response Team (CRT) Chairperson to request that team convene.
CRT Chariperson schedules meeting and contacts CRT core members and case specific representatives.
CRT convenes within twenty-four (24) hours to review situation and response options.
No response needed
Implementation of Community Response Protocol
• no immediate repsonse
• monitor situation
• assign interim roles and responsibilites
COMMUNITY INTERVENTION
• Identify, assess, and refer high risk youth
• Media contact aimed at minimizing sensationalism
• Outreach to family and friends
• Bereavment Support Groups
• Individual counseling as needed
• Public Service Announcements re: available counseling
... etc.
Follow-up Meeting
CRT FACILITATES RESPONSES OF MEMBER AGENCIES AND OTHER COMMUNITY RESOURCES
• CRT monitors changing community needs
• CRT meets regularly to evaluate community interventions and plan new responses, as warrented, until community needs re: initiating trauma are met.
No further response needed

COMMUNITY-BASED INTERVENTION WITH SUICIDAL YOUTH


SCHOOL
Primary and Secondary Prevention
Crisis Intervention
First Level Risk Assessment
Referrals / Recommendations
Transfer Evidence
Follow-up
Refer
Provide Background Info and Evidence
Consultation
Communication & Follow-up re: referral and assessment outcomes
Refer Cases Where Parental Response is Either Negligent or Damaging, or is Likely to Increase the Student's Risk
Refer When Student is in Danger and Parent is Unavailable or Unresponsive
Provide Evidence
Respond and Investigate Quickly
HOSPITAL OUTPATIENT PSYCHIATRIC CLINIC E.P.S.
Provide
Community Education
Consultation to Schools
Emergency Evaluations and Treatment
Liason Between Schools and E.R.
Follow-up With Schools
Referring Agent
POLICE DEPARTMENT
Respond Quickly to Calls for Services Regarding Student at Risk for Suicide
Investigate Referrals Using Info Provided by Schools
Provide Protective Custody for Youths Who Are Assessed to be Dangerous Either to Themselves or to Others, or Whom Are Gravely Disabled
Transport Youths to Hospital via Ambulance
Transport Under Protective Custody for Evaluation
Provide Evidence and Background Info
Refer as Needed
Act as Liason Between School and E.R.
Transfers Info / Evidence from School
Consult
Refer as Needed
Contact and Seek Involvement
Consult and Investigate
Consult & Investigate
Consult & Investigate
HOSPITAL EMERGENCY ROOM
Provide Emergency Assessment and Treatment
Involve Emergency Psychiatric Services
Obtain Parental Involvement when necessary
DEPT. OF CHILDREN & YOUTH SERVICES
Provide Consultation When a Youth is at Imminent Risk for Suicide and Parents/Guardians Either Have Not Taken Steps to Safeguard the Youth, or Are Behaving in Ways that Place the Youth at Even Greater Risk
Investigate Suspected Abuse and/or Neglect
Consult & Investigate
Refer as Needed

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